

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41824

State File No.

BIRTH NO. <u>36108-50</u>		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>432</u>	
1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUONE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>✓</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BOURBON</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>				d. STREET ADDRESS (If rural, give location) <u>STURGEN - MO 610.0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>GRUENDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 29-1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MAY-24-1950</u>	
9. AGE (In years last birthday) <u>7</u>		10. MONTHS <u>5</u>		11. BIRTHPLACE (State or foreign country) <u>MOBERLY - Mo. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>					
13a. FATHER'S NAME <u>EUGENE GRUENDERS</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHY H. SNOW</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugene H. Gruender</u> ADDRESS <u>Sturgeon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. DATE OF OPERATION <u>7730</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7730</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUBMERGENCE HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>7:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>about</u> 19 <u>50</u> , to <u>1950</u> , that I last saw the deceased alive on <u>1950</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur Marshall acting coroner</u>		23b. ADDRESS <u>Sturgeon 910 State Court</u>		23c. DATE SIGNED <u>12-29-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 31-1950</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Local Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Sturgeon - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29-50</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barnes & Booth Sturgeon Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 3
DISTRICT HEALTH OFFICE
District File Number 1-51
Date Filed: JAN 10 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. E. Borth

Signed _____
Student Embalmer

Licensed Embalmer No. 4087

P. O. Address *Sturgeon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.